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To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment US Patent and Trademark Office	(571) 273-8300	

FROM: Michael R. Ward  
Reg. No. 38,651

DATE: June 5, 2006

Number of pages with cover page:	15	
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Re: U.S. Patent Application Serial No. 10/519,121  
For: METHODS FOR MEASURING RATES OF REVERSE CHOLESTEROL  
TRANSPORT IN VIVO, AS AN INDEX OF ANTI-ATHEROGENESIS  
By: Marc K. HELLERSTEIN  
Art Unit: 1638  
Examiner: C. Collins  
Our Reference: 416272003900

**Attachments:**

1. Transmittal - 1 page
2. Fee Transmittal, in duplicate for fee processing - 2 pages
3. Response to Restriction Requirement - 10 pages
4. Petition for Extension of Time, 1-month - 1 page

**Comments:**

Please see attached documents. Thank you.

sf-2137390

JUN 05 2006

PTO/SB/21 (08-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/519,121
		Filing Date	September 15, 2003 (PCT/US03/29361)
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1638
		Examiner Name	C. Collins
		Attorney Docket Number	416272003900
Total Number of Pages In This Submission		14	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (10 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition, 1-month extension (1 page) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile cover sheet, not included with this page count.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP- Customer No. 20872		
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	June 5, 2006	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: June 5, 2006	Signature: <i>[Signature]</i> (Leah Kjellen)

sf-2137365

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PTO/SB/17 (12-04v3)

Approved for use through 7/31/2008. OMB 0851-0032  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4319). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/519,121 Filing Date September 15, 2003 (PCT/US03/29361) First Named Inventor Mara K. HELLERSTEIN Examiner Name C. Collins Art Unit 1636 Attorney Docket No. 416272003900	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
13	- 20 =	x	0.00	Fee (\$)	Fee Paid (\$)	0.00	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
1	- 3 =	x	0.00				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	50	(round up to a whole number) x		0.00			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within first month				60.00			

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Michael R. Ward</i>	38,651	(415) 268-6237
Name (Print/Type)	Michael R. Ward	Date	6/05/06

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